

State of Washington

Department of Retirement Systems

Member Information Form

For plan, contribution rate and investment program selection

Return completed form to your employer

New PERS members\*

Choosing Plan 2 - Complete Sections 1 and 2A

Choosing Plan 3 - Complete Sections 1, 2A, 3 and 4

PERS, SERS or TRS members transferring from Plan 2 to Plan 3

Complete Sections 1, 2B, 3 and 4

New SERS, TRS or returning Plan 3 members

Complete Sections 1, 3 and 4 and submit to your employer within 90 calendar days of your date of hire

Check One:

☐ PERS = Public Employees' Retirement System

☐ SERS = School Employees' Retirement System

☐ TRS = Teachers' Retirement System

Section 1: Personal Data - To Be Completed by All Members

\_\_\_\_\_  
Social Security Number (See back of form)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Maiden Name

Section 2: Retirement Plan Selection

Complete either A or B below.

A) To be completed by new PERS members.\*

Choose One:

☐ PERS Plan 2

☐ PERS Plan 3  
(requires completing Sections 3 and 4 on back)

I certify that I have chosen the retirement plan marked above.  
I understand that my retirement plan selection is **irrevocable**.

\_\_\_\_\_  
Member Signature (required)

\_\_\_\_\_  
Date

Please sign and date this form on the day that you **submit it to your employer**. Note: You will be assigned to Plan 3 if your employer has not received your plan selection within 90 calendar days from your date of hire.

*\*New PERS member - Anyone who first becomes employed in an eligible position on or after March 1, 2002, at a higher education or state agency employer; or who first becomes employed in an eligible position on or after September 1, 2002, at a local government employer.*

B) To be completed by any Plan 2 member eligible to transfer to Plan 3.

I certify that I have chosen to transfer from Plan 2 to Plan 3. I understand that my selection of Plan 3 is **irrevocable**. I have provided the information requested in Sections 3 and 4 on the back of this form.

\_\_\_\_\_  
Member Signature (required)

\_\_\_\_\_  
Date

Please sign and date this form on the day that you **submit it to your employer**.

### Section 3: Selection of Contribution Rate - To Be Completed by All Plan 3 Members

Place a check mark in the box next to the contribution rate option you choose. If you do not select an option within 90 days, your default will be Option A. Once established by selection or default, you may only change your contribution rate option when you change employers or during annual contribution rate flexibility periods as permitted by the Internal Revenue Service.\*

		Base Rate	Additional Rate	Total Member Contribution Rate
<input type="checkbox"/> Option A	All ages	5.0%	0.0%	5.0%
<input type="checkbox"/> Option B	Up to age 35	5.0%	0.0%	5.0%
	Age 35 to 44	5.0%	1.0%	6.0%
	Age 45 and above	5.0%	2.5%	7.5%
<input type="checkbox"/> Option C	Up to age 35	5.0%	1.0%	6.0%
	Age 35 to 44	5.0%	2.5%	7.5%
	Age 45 and above	5.0%	3.5%	8.5%
<input type="checkbox"/> Option D	All ages	5.0%	2.0%	7.0%
<input type="checkbox"/> Option E	All ages	5.0%	5.0%	10.0%
<input type="checkbox"/> Option F	All ages	5.0%	10.0%	15.0%

Member Signature (required)

Date

\* As of January 2004, the IRS has approved the contribution rate flexibility period for TRS Plan 3 only. Requests for IRS approval for PERS Plan 3 and SERS Plan 3 contribution rate flexibility periods are pending.

### Section 4: Selection of Investment Program - To Be Completed by All Plan 3 Members

Place a check mark in the box next to the investment program you choose:

- ☐ **Washington State Investment Board (WSIB) Investment Program.**
- ☐ **Self-Directed Investment Program.** Call 1-888-711-8773 or go online at <http://www.icmarc.org/plan3> to set up your investment allocation.

You can obtain information about both investment programs by contacting ICMA-RC toll-free at 1-888-711-8773. If you do not choose a program, your contributions will be reported into WSIB.

Member Signature (required)

Date

**Return completed form to your employer.**

### Section 5: To Be Completed by Employer

Print or type employer name and mailing address below:

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Reporting Group

#### Employers:

*Mail the original of this document to DRS only if Section 2 was required.*

Department of Retirement Systems  
P.O. Box 48380  
Olympia, WA 98504-8380  
Toll Free: 1-800-547-6657  
Local: 360-664-7000

Internal Revenue Code Sections 6041 (A), and 6109 authorize the Department of Retirement Systems (DRS) to solicit your Social Security Number.

- The disclosure of your Social Security Number to DRS and its third-party record keeper is mandatory.
- DRS and its third-party record keeper will use your Social Security Number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service and as a reference number for tracking all data with regard to your retirement account.
- DRS and its third-party record keeper will not disclose your Social Security Number to any party unless required by law.